Provider Complaint & Appeal Summary Report

Health Plan ID: 2162934
Health Plan Name: LaCare
Health Plan Contact: ***
Contact Email: ***

Report Period Start Date: 20130201 Report Period End Date: 20130228

BAYOU HEALTH Reporting

Document ID: PI182

Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT

Reporting Frequency: Monthly

Report Due Date: 15th of the month following end of reporting period

File Type: Excel
Subject Matter: Informatics (I)

Summary of	By Health	Ву			
Appeal Decisions	Plan	Arbitration			
otal # Decisions	4	0			
% Upheld	50%	0			
% Overturned	50%	0			
% Withdrawn	0	0			

		Total # of	# of COMPLAINTS by ISSUE CATEGORY					# Complaints Pending or	-	Total	By Appeal Type		# Appeals # Appeals Pending or Pending or	# Appeals Pending or		
Reporting Period	COMPLAINT STATUS	Provider Complaints	Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other	Closed 31 to	_	Provider Appeals	Pre-Service Denial	Payment Denial	_	Closed >90
	Received this Month	996	944	. 3	1	0	1	1	. 46	5		۷	4			
	Total Closed this Month	1004	948	3	3	0	1	1	. 48	3	. 0	4	4			
	Withdrawn by Provider															
	Per Internal Plan Action/Decision	1004	948	3	3	0	1	1	. 48	3	. 0	4	4			
	Per Independent Arbitration															
	Per DHH Review															
Feb-2013	Other (Review determined not a complaint)															
	Total Pending (cumulative as of month end)	21	20	O	0	0	0	0	1	L (0	(0			
	Information needed from Provider															
	Internal Plan Review	21	20	O	O	0	0	0)	L (0	(0			
	Independent Arbitration															
	DHH Review															
	Other (Review determined not a complaint)															
	Total Complaints Received YTD	1999	1866	4	. 13	0	3	2	. 111	L		13	13			
2013 Year to Date (YTD)	Total Closed YTD	2060	1924	. 4	. 14	0	5	2	111	14	0	13	13			
	Withdrawn by Provider															
	Per Internal Plan Decision/Correction	2060	1924	4	. 14	0	5	2	111	14	0	13	13			
	Per Independent Arbitration															
	Per DHH Decision															
	Other (Review determined not a complaint)															

You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

²You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: LaCare
Reporting Period: Feb-2013

Status Category Codes							
Pending	Closed						
P1-Information needed from Provider	C1-Withdrawn by Provider						
P2-Internal Plan Review	C2-Per Internal Plan Action/Decision						
P3-Per Independent Arbitration	C3-Per Independent Arbitration						
P4-Referred to DHH	C4-Per DHH Review						
P5-Other	C5-Other						

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
06-Dec-12	Linda	RUSHING, BRANDI N.	Claims / Payments	Provider Agreement updated/under review	04-Feb-13	60 0	22
26-Dec-12	ashley	CUCCIA, CHARMAINE	Claims / Payments	Provider Agreement updated/under review	04-Feb-13	40 0	22
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PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: LaCare
Reporting Period: Feb-2013

Status Category Codes						
Pending	Closed					
P1-Information needed from Provider	C1-Withdrawn by Provider					
P2-Internal Plan Review	C2-Per Internal Plan Action/Decision					
P3-Per Independent Arbitration	C3-Per Independent Arbitration					
P5-Other	C5-Other					

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
No data to report						
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